

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 93  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**CVS Health PAC**

Full Name (Last, First, Middle Initial)

## **A. Patterson Angela**

Mailing Address 200 Exchange St. #1413

City State Zip Code  
Providence RI 02903

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CVS Caremark

Occupation

MC, Chief Nursing Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

MM / DD / YYYY  
07 / 10 / 2015

Transaction ID : C3079682

Amount of Each Receipt this Period

150.00

\* Payroll Deduction: Monthly

Full Name (Last, First, Middle Initial)

## **B. Puopolo Ann Louise**

Mailing Address 39-2 Commercial Wharf Eas

City State Zip Code  
Boston MA 02110

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Information Requested

Occupation

VP Quality and Safety

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

MM / DD / YYYY  
07 / 10 / 2015

Transaction ID : C3079674

Amount of Each Receipt this Period

200.00

\* Payroll Deduction: Monthly

Full Name (Last, First, Middle Initial)

## **C. Lora L Armstrong**

Mailing Address 125 Willow Blvd

City State Zip Code  
Willow Springs IL 60480

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Caremark, L.L.C

Occupation

Vice President, Clinical Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

MM / DD / YYYY  
07 / 24 / 2015

Transaction ID : C3079862

Amount of Each Receipt this Period

115.38

\* Payroll Deduction: Biweekly

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

465.38